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CONFIRMATION NO. 717

Bib Data Sheet

SERIAL NUMBER 10/051,220	FILING DATE 01/18/2002 RULE	CLASS 206	GROUP ART UNIT 3728	ATTORNEY DOCKET NO. NOPH/120/JGK
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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/285,976 04/23/2001
and is a CIP of 09/804,926 03/13/2001 ABN
which claims benefit of 60/189,333 03/14/2000

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** FOREIGN APPLICATIONS *****

none JJ

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** SMALL ENTITY **

** 02/08/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY FL	SHEETS DRAWING 2	TOTAL CLAIMS 1	INDEPENDEN CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <u>[Signature]</u> Initials <u>[Initials]</u>				

ADDRESS

30527
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TITLE

Packaging system for transdermal drug delivery systems

FILING FEE RECEIVED 435	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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